<i>U. S.</i> co	ST REIMBURS	SABLE					-	PΑ	ID BY		
(Department, bureau, or establishment) Voucher prepared at							1	ומ שוא ו			
oucher prep	ared at		(Give place and date)			-	8 1) # 3	3	
THE UNITED S	STATES, Dr.,	Payee's Account No					MAS	2968			
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· · · · · · · · · · · · · · · · · · ·		((Payee)				-		1	ann nach	
		dress)	(City)		State)				·		
		A	ARTICLES OR SERVICE	ERVICES			UNIT PRICE		AMOUNT		
No. and Date of Order	Date of Delivery or Service	schedule, and Discount Terms	other information deer	ned necessary	іцрріу	QUANTITY	Cost	Per	Dollars	Cts	
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Shipped from to Weight Governmen						e must NO	I use this	Total	149	2.6	
I certify that the above bill is correct and just and that			payment has not been received. Differences				e e sy sy o o o	1			
ATOTHR		(Sign original only)			!	-C0			1	-	
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ate7/25/	8 *Pavee	ot required when a like certificate is made by payee on atte		ached bill or bills)					K W	5 7	
_						Amount verified; correct for			9 149	167	
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ursuant to autho	rity vested in me,	I certify that this accoun	it is correct and proper f	or payment.							
Approved for \$_				†		(Authoria	ad Certifui	ng Officer)	7 4 4 7 7 7 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ta e sico se se	
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Alex France											
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	NT_	dated			on Treasurer of the United States in favor (payee named above.						
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Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020045-5